

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011912

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2043

STATE FILE NUMBER

FILED APR 12 1963

1. PLACE OF DEATH

a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO. b. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN KANSAS CITY

Length of stay in 1b

38 yrs.

c. CITY

OR TOWN KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 3004 PARK

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS 3004 PARK

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

EFFIE

Middle

Last

SHELTON

4. DATE

OF DEATH

Month

3

Day

30

Year

63

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-17-1900

9. AGE (last birthday)

62 yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

DANGERFIELD, TEXAS

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

BURREL WHITMORE

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

JOSEPH SHELTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

FANNIE HENDERSON 610 N. E. 7th ST. OLKA CITY

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

DUE TO (b)

Myocardial Insufficiency

DUE TO (c)

Chronic Myocarditis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour - Month, Day, Year

a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. J. Tillman M.D. Deputy Coroner

22b. ADDRESS

1618 Lydia Ave.

22c. DATE SIGNED

4/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-3-1963

23c. NAME OF CEMETERY OR CREMATORY

HIGHLAND CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

Mo.

24. FUNERAL DIRECTOR

Mrs. C. E. Davis Funeral Home, K. C., Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-2-63

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4531

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.